2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State
05-04-2006 90216 035 ***150.00

DOCUMENT # P02000012393

1. Entity Name
SEDLEY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
C/O PAUL SCHNEIDER, C.P.A. 7860 PETERS RD., BLDG. F-110 PLANTATION, FL 33324	C/O PAUL SCHNEIDER, C.P.A. 7860 PETERS RD., BLDG. F-110 PLANTATION, FL 33324

04202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
c/o MARC FIXLER CPA PA		c/o MARC FIXLER CPA PA	
Suite, Apt. #, etc.: 1505 NW 159 AVENUE		Suite, Apt. #, etc.: 1505 NW 159 AVENUE	
City & State: PEMBROKE PINES, FL		City & State: PEMBROKE PINES, FL	
Zip: 33028	Country: USA	Zip: 33028	Country: USA

4. FEI Number: 90-0008981 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHNEIDER, PAUL C/O PAUL SCHNEIDER, C.P.A. 7860 PETERS RD., BLDG. F-110 PLANTATION, FL 33324	Name: MARC FIXLER CPA Street Address (P.O. Box Number is Not Acceptable): 1505 NW 159 AVENUE City: PEMBROKE PINES **FL** Zip Code: 33028

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Marc Fixler — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 4-20-2006

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEDLEY, RONALD 7860 PETERS RD., BLDG. F-110 PLANTATION, FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	c/o MARC FIXLER CPA 1505 NW 159 AVENUE PEMBROKE PINES, FL 33028	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #